


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90332 025 ***150.00

DOCUMENT # F79850 1. Entity Name LACOSTE ENTERPRISES, INC.		
Principal Place of Business 2431 EVERGLADES DR MIRAMAR, FL 33023		Mailing Address 2431 EVERGLADES DR MIRAMAR, FL 33023-3520 US
2. Principal Place of Business <i>6755 Hundred Acre Dr</i> Suite, Apt. #, etc.		3. Mailing Address <i>6755 Hundred Acre Drive</i> Suite, Apt. #, etc.
City & State <i>Port St John FL</i>		4. FEI Number 59-2193129
Zip <i>32927</i>	Country <i>FL</i>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent LACOSTE, LOIS M 2431 EVERGLADES DR MIRAMAR, FL 33023 <i>Port St. John, FL 32927</i>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State: FL Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>
\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE TS	NAME LACOSTE, LOIS M	<input type="checkbox"/> Delete
STREET ADDRESS 2431 EVERGLADES DR	CITY-ST-ZIP MIRAMAR, FL 00000	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE P	NAME LACOSTE, ROBERT	<input type="checkbox"/> Delete
STREET ADDRESS 2431 EVERGLADES DR	CITY-ST-ZIP MIRAMAR, FL 00000	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <u><i>Lois M. Lacoste</i></u> <u><i>4/15/05</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		

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321-636-6P05